

Attachment F

Exhibits 1 -6

HAWAII STATE HOSPITAL

AGENCY RN: COMPETENCY SELF-EVALUATION

NAME (print) _____

AGENCY _____

Instructions: rate your knowledge and experience using the following scale.

1 = No knowledge/No experience 2 = Knowledge but no experience
3 = Knowledge/done with assistance 4 = Knowledge/done independently

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY

Admission of patient to acute in-patient	1	2	3	4
Physical Assessment	1	2	3	4
Mental Status Exam	1	2	3	4
Initial Nursing Care Plan	1	2	3	4
Multidisciplinary master Treatment Planning	1	2	3	4
Progress Note charting	1	2	3	4
Education Groups	1	2	3	4
Process Groups	1	2	3	4
Discharge or transfer of patients	1	2	3	4

MEDICATIONS

Psychotropic Medication administration	1	2	3	4
Psychotropic Medication adverse reactions	1	2	3	4
Patient Teaching re Psychotropic Mediations	1	2	3	4
Transcription of MD orders	1	2	3	4

PSYCHIATRIC CRISIS MANAGEMENT

Verbal skills to de-escalate agitated patient	1	2	3	4
Physical containment skills for team	1	2	3	4
Self-protection skills	1	2	3	4
Use of restraints in behavior management	1	2	3	4
Use of seclusion/monitoring patient in seclusion	1	2	3	4

MEDICAL EMERGENCIES

Use of portable oxygen, suction, ambubag	1	2	3	4
Maintenance of patient until EMT arrival	1	2	3	4

LEGAL & REGULATORY RESPONSIBILITIES

Duty to warn and protect	1	2	3	4
Reporting patient abuse/neglect	1	2	3	4

LEADERSHIP

Function as Team Leader	1	2	3	4
Function as Charge Nurse	1	2	3	4
Supervision of Nursing Staff	1	2	3	4

OTHER SAFETY ISSUES

Conduct FIRE DRILL in acute Psychiatric setting	1	2	3	4
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This is a true description of my knowledge and skill in psychiatric nursing.

(signature)

(date)

Hawaii State Hospital

AGENCY LPN: COMPETENCY SELF-EVALUATION

NAME (print) _____ AGENCY _____

Instructions: Rate your knowledge & experience using the following scale.

1=No knowledge/No Experience

2= Knowledge but no experience

3= Knowledge/done with assistance

4= Knowledge/done independently

COLLECTION & DOCUMENTATION OF ASSESSMENT DATA

Taking/recording vital signs	1	2	3	4
Observation/recording height & weight	1	2	3	4
Observation/documentation of dietary intake	1	2	3	4
Collection/documentation of urine/stool specimen	1	2	3	4
Observations/charting psychiatric patient behavior	1	2	3	4

ASSISTS IN IMPLEMENTATION / EVALUATION OF TREATMENT PLAN

Assists patient with ADLs (grooming & hygiene)	1	2	3	4
Conduct patient activities (educational/recreational)	1	2	3	4
Monitor patient with suicidal thoughts/behaviors	1	2	3	4
Monitor/manage patient with physically aggressive behavior	1	2	3	4
Verbal de-escalation skills	1	2	3	4
Self-protection skills (for physical assault)	1	2	3	4
Team intervention strategies (for dangerous behavior)	1	2	3	4
Monitor patient in restraints and/or seclusion	1	2	3	4
Progress note charting reflecting progress toward goals	1	2	3	4
Progress note charting reflecting physical complaints	1	2	3	4

VERBAL COMMUNICATION

Communicate changes in patient status to Charge RN	1	2	3	4
Seek supervision of carrying out unfamiliar procedures	1	2	3	4
Identify and process problems	1	2	3	4
Therapeutic communication	1	2	3	4

GENERAL SAFETY

Practice Universal precautions	1	2	3	4
Assist in a medical emergency	1	2	3	4
Participate in an institutional FIRE DRILL	1	2	3	4

MEDICATIONS

Psychotropic medication administration	1	2	3	4
Psychotropic medication adverse reactions	1	2	3	4
Patient teaching re psychotropic medications	1	2	3	4
Transcription of MD orders	1	2	3	4

The above is a true description of my knowledge and skills in psychiatric nursing.

(Signature)_____
(Date)

EXHIBIT 1

Hawaii State Hospital

AGENCY PSYCHIATRIC TECHNICIAN COMPETENCY SELF-EVALUATION
(PSYCH TECH)

NAME(print) _____ AGENCY _____

Instructions: Rate your knowledge & experience using the following scale.

1=No knowledge/No experience 2=Knowledge but no experience
3=Knowledge/done with assistance 4=Knowledge/done independently

COLLECTION & DOCUMENTATION OF ASSESSMENT DATA

Taking / recording Vital Signs	1	2	3	4
Taking/recording height & weight	1	2	3	4
Observation/documentation of dietary intake	1	2	3	4
Collection/documentation of urine/stool specimen	1	2	3	4
Observations/charting psychiatric patient behavior	1	2	3	4

ASSISTS IN IMPLEMENTATION/EVALUATION OF TREATMENT PLAN

Assist patient with ADLs (grooming & hygiene)	1	2	3	4
Conduct patient activities-educational/recreational	1	2	3	4
Monitor patient with suicidal thoughts/behaviors	1	2	3	4
Monitor/manage pt. with physically aggressive behavior	1	2	3	4
Verbal de-escalation skills	1	2	3	4
Self-protection skills (for physical assault)	1	2	3	4
Team intervention strategies (for dangerous behavior)	1	2	3	4
Monitor patient in restraints and/ or seclusion	1	2	3	4
Progress note charting reflecting progress toward goal	1	2	3	4
Progress note charting reflecting a physical complaint	1	2	3	4

VERBAL COMMUNICATION

Communicate changes in patient status to Charge RN	1	2	3	4
Seek supervision of unfamiliar procedures/policies	1	2	3	4
Identify & process problems	1	2	3	4
Therapeutic communication	1	2	3	4

GENERAL SAFETY

Practice Universal Precautions	1	2	3	4
Assist in a medical emergency	1	2	3	4
Participate in an institutional FIRE DRILL	1	2	3	4

The above is a true description of my knowledge and skills in psychiatric nursing.

(signature)

(date)

HAWAII STATE HOSPITAL
Nursing Services

SUPPLEMENTAL SERVICES
LICENSED EMPLOYEE PERFORMANCE EVALUATION
(Registered Nurse)

EMPLOYEE: _____

DATE: _____

UNIT: _____

SHIFT: _____

Please place a check in the space which best expresses your judgement of his/her performance. If you score in boxes B or C, provide evidence on the lines following.

1. Completion of Assigned Duties	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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2. Follows Directions	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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3. Reports on Significant Findings	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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4. Documentation on Progress notes, flow charts, S/R records, etc.	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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5. Patient Interactions	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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6. Management of Environmental Emergencies	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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7. Teamwork	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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8. Implements the Patient Care Plan	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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9. Medications	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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10. Patient Education	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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11. Transcribing Orders	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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12. Reporting Medication Errors and Adverse Drug Reactions	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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13. Supervision / Leadership	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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14. Assessments of Patients	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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15. Management of Patients in an Emergency	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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ADDITIONAL COMMENTS _____

WOULD YOU RECOMMEND FOR FUTURE CALLS? YES _____ NO _____

Signature of person completing the evaluation: _____

Position : _____

HAWAII STATE HOSPITAL
Nursing Services

LICENSED EMPLOYEE PERFORMANCE EVALUATION
(Licensed Practical Nurse)

EMPLOYEE: _____

DATE: _____

UNIT: _____

SHIFT: _____

Please place a check in the space which best expresses your judgement of his/her performance. If you score in boxes B or C, provide evidence on the lines following.

1. Completion of Assigned Duties	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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2. Follows Directions	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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3. Reports on Significant Findings	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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4. Documentation on Progress notes, flow charts, S/R records, etc.	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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5. Patient Interactions	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level
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6. Management of Environmental Emergencies	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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7. Teamwork	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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8. Implements the Patient Care Plan	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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9. Medications	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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10. Patient Education	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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11. Transcribing Orders	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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HAWAII STATE HOSPITAL
Nursing Services

SUPPLEMENTAL SERVICES
NON-LICENSED EMPLOYEE PERFORMANCE EVALUATION
PSYCH TECH/NURSE ASSISTANT

EMPLOYEE: _____

DATE: _____

UNIT: _____

SHIFT: _____

Please place a check in the space which best expresses your judgement of his/her performance. If you score in boxes B or C, provide evidence on the lines following.

1. Completion of Assigned Duties	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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2. Follows Directions	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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3. Reports on Significant Findings	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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4. Documentation on Progress notes, flow charts, S/R records, etc.	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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5. Patient Interactions	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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6. Management of Environmental Emergencies	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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7. Teamwork	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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8. Implements the Patient Care Plan	A. No Chance to Observe ()	B. Needed Supervision but did not ask ()	C. Performed Unsatisfactorily even with supervision ()	D. Worked Satisfactorily with Guidance ()	E. Worked Independently at a Satisfactory level ()
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ADDITIONAL COMMENTS _____

WOULD YOU RECOMMEND FOR FUTURE CALLS? YES _____ NO _____

nature of person completing the evaluation: _____

Position : _____